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CONFIRMATION NO. 4705

<b>SERIAL NUMBER</b> 10/008,379	<b>FILING OR 371(c) DATE</b> 11/05/2001 <b>RULE</b>	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> 2872	<b>ATTORNEY DOCKET NO.</b> CYM-037
<b>APPLICANTS</b> Garrick Maenle, Columbus, OH; William Knox, West Jefferson, OH; David Zahniser, Wellesley, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/245,971 11/03/2000 and is a CIP of 09/430,198 10/29/1999 PAT 7,006,674 which is a CIP of 09/430,116 10/29/1999 PAT 6,348,325				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 23
Verified and Acknowledged _____ Examiner's Signature	Initials _____	<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 41696				
<b>TITLE</b> CYTOLOGICAL AUTOFOCUSING IMAGING SYSTEMS AND METHODS				
<b>FILING FEE RECEIVED</b> 3342	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	